



Southfield Apartments Application for Rental

Southfield Apartments

Resident Selection Criteria

(Please read before completing your application)

In signing the application and submitting your application fee(s), you are giving us the right to research the information you have given us.

- We may check your RESIDENCY HISTORY a minimum of two (2) years previous.
- We may check your EMPLOYMENT HISTORY, both current and past if applicable.
- We may check your CREDIT RATING with the Credit Bureau.
- We may check your CHECK WRITING HISTORY for good standing.
- CRIMINAL BACKGROUND checks may be conducted and the findings may prevent the application form being approved.

Photo Identification MUST be provided in the form of a VALID drivers' license, state issued photo identification card, or a military Identification card. In order to help us complete your application in a timely manner, we ask that you fill in as completely as possible. If you need to call us back with more information, please do so within 72-hour grace period. Be sure to sign and date it where indicated. The leased address DOES NOT become effective until the application is approved by Management.

QUALIFICATIONS

We require that every adult individual who resides in the apartment have an approved application on file. The income required for qualification is based on your verifiable gross income. Income requirements are guidelines and can be adjusted up or down based on your individual debt load. Your annual salary must be in line with the following amounts:

- An individual will need 2.5- 3 time the rental amount.
- Roommates will each need 5 times the rental amount combined.
- Employment must be verified with current employer, including position, dates of employment, and salary.
- In case of Self Employment, last year's tax return will be required.
- Social Security, Pension Payments, stock dividends, interest income, child support, maintenance support, or any other verifiable source may be included in applicant's gross figure as long as supporting documents can be provided.

All application are verified through a Credit Reporting Agency (Equifax). Unacceptable credit history can be found for rejection. Lack of credit history shall not be ground for rejection however may require additional deposits. Applicants could be rejected due to, but not limited to, the following reasons.

- Falsification of any information on the application.
- Applicant is given negative rental history of negative mortgage payment history, including but not limited to: Evictions, Unfulfilled lease agreements, outstanding balances owed, violations of rules and regulations, or foreclosure.
- Income cannot be verified.
- Applicant is given a negative credit history. Repossessions, evictions, foreclosures, liens, civil judgements, unpaid collection accounts, outstanding utility accounts, accounts paid over Thirty (30) days late, and bankruptcies will be viewed as bad credit.
- Criminal background (MISDEMEANOR & FELONY)- crimes that will MOST OFTEN allow management to deny tenancy are assault, robbery, theft, stealing, forgery, resisting arrest, murder, arson, rape, sale or possession of drugs, sexual predators and offenders as well as any and all violent/ aggressive crimes.

(Initials): _____

The Following exception may apply under certain conditions:

- Co-Signer/ Guarantor may be allowed for applicant who qualify in all other items other than gross monthly income. Co-signer/guarantor is subject to all applicant requirements.
- Applicants that qualify in all other items, other than minimal negative credit history, may be asked for an additional amount as a security deposit in order to have their application approved.
- Applicants with NO RENTAL HISTORY may be asked for an additional security deposit in order to have their application approved.

Occupancy standards allow two persons per bedroom.

Southfield Apartments will not discriminate against any person based on race, color, religion, sex, national origin, familial status or handicap.

In signing the application, you are hereby consenting to allow Southfield Apartments, through its designated agents and its employees, to obtain my credit information, including a criminal search, for the purpose of determining whether or not to lease to me an apartment. All Application fee(s) are NON REFUNDABLE. Holding fees are refundable if application is canceled within our 72-hour cancelation period. After 72 hours, ALL MONIES PAID, including any additional deposits, are NON REFUNDABLE.

Please acknowledge by signing below that you have read and understand the foregoing Resident Selection Criteria.

Applicant Signature Date

Applicant Signature Date



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Application Date: _____	Unit: _____	Move In Date: _____	Term: _____	Rate: _____	MGR INITIALS: _____
App Fee: _____	Security Deposit: _____	Admin Fee: _____	Pet Fee: _____	Concession: _____	

Applicant's Name _____ Date of Birth _____ SS# _____
First M.I. Last

Drivers License No. & State _____ Marital Status: Single Married Divorced Separated Widow

Email Address _____ Contact Phone Number _____

Co-Applicant's Name _____ Date of Birth _____ SS# _____
First M.I. Last

Drivers License No. & State _____ Marital Status: Single Married Divorced Separated Widow

Email Address _____ Contact Phone Number _____

All other persons who will occupy Apartment Relationship Date of Birth Student

1. _____

2. _____

RENTAL

APPLICANT PRESENT ADDRESS

Street Apt # City State Zip

Dates: (From – To) _____ Monthly Payment \$ _____

Present Landlord/Resident Manager/Mortgage Co. _____ Phone _____
Rent / Own (Circle one)

Reason for Moving _____ Moving From: Apt / Condo / Home / Townhouse / Other (Circle)

CO-APPLICANT PRESENT ADDRESS

Street Apt # City State Zip

Dates: (From – To) _____ Monthly Payment \$ _____

Present Landlord/Resident Manager/Mortgage Co. _____ Phone _____
Rent / Own (Circle one)

Reason for Moving _____ Moving From: Apt / Condo / Home / Townhouse / Other (Circle)



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APPLICANT PREVIOUS ADDRESS (If current address is less than five years old)

Street _____ Apt # _____ City _____ State _____ Zip _____

Dates: (From – To) _____ Monthly Payment\$ _____

Previous Landlord/Resident Manager/Mortgage Co. _____ Phone _____

Rent / Own (Circle one)

CO-APPLICANT PREVIOUS ADDRESS (If current address is less than five years old)

Street _____ Apt # _____ City _____ State _____ Zip _____

Dates: (From – To) _____ Monthly Payment\$ _____

Previous Landlord/Resident Manager/Mortgage Co. _____ Phone _____

Rent / Own (Circle one)

EMPLOYMENT

Applicant Present Employer _____ Position _____

Business Address _____ Phone # _____

Street _____ City _____ ST _____ Zip _____

Dates: (From-To) _____ Monthly Income \$ _____

Supervisor or H.R. Representative _____

Applicant Previous Employer _____ Position _____

Billing address: _____ Phone _____

Street _____ City _____ State _____ Zip _____

Dates: (From-To) _____ Monthly Income \$ _____

Supervisor or H.R. Representative _____

Co-Applicant Employer _____ Position _____

Billing address: _____ Phone _____

Street _____ City _____ State _____ Zip _____

Dates: (From-To) _____ Monthly Income \$ _____

Supervisor or H.R. Representative _____

Co-Applicant Previous Employer _____ Position _____

Billing address: _____ Phone _____

Street _____ City _____ State _____ Zip _____

Dates: (From-To) _____ Monthly Income \$ _____

Supervisor or H.R. Representative _____



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Income

Total Anticipated income form date of move-in through the next 12 month

Applicant Annual Salary (Including Tips, Commissions, Bonuses, and Overtime) \$ _____

Co-Applicant Annual Salary (Including Tips, Commissions, Bonuses, and Overtime) \$ _____

Other Income: Alimony, child support, parental support, aid to dependent children, welfare, unemployment, social security, annuities, insurance policies, retirement benefits, pensions, and other regular periodic payments. If you have any questions please consult personnel for assistance.

<u>Source of Other Income</u>	<u>Yearly Gross Amount</u>
1) _____	\$ _____
2) _____	\$ _____

Emergency Contact

APPLICANT EMERGENCY CONTACT: Name _____ Relationship _____

Address _____ Phone # _____

CO-APPLICANT EMERGENCY CONTACT: Name _____ Relationship _____

Address _____ Phone # _____

In case of an emergency may the Emergency Contact listed above be contacted and may we release your information? Yes No
In case of an emergency may the Emergency Contact listed above be let into your apartment. Yes No

ALL VEHICLES MUST BE IN GOOD WORKING ORDER

Applicant Vehicle #1: Year, Make, & Model _____ Color _____

License No. & State _____ Condition of Vehicle _____

Applicant Vehicle #2: Year, Make, & Model _____ Color _____

License No. & State _____ Condition of Vehicle _____

Co Applicant Vehicle #1: Year, Make, & Model _____ Color _____

License No. & State _____ Condition of Vehicle _____

Co Applicant Vehicle #2: Year, Make, & Model _____ Color _____

License No. & State _____ Condition of Vehicle _____



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PETS

Do you own any Pets? _____ How many? _____

Breed _____ Weight _____ Age _____ Color _____ Name _____

Breed _____ Weight _____ Age _____ Color _____ Name _____

MISCELLANEOUS

Have you, or your co-applicant ever been evicted from any leased premises, have any legal judgments against you or have ever filed bankruptcy? _____ If yes, Explain below:

Have you, or your co-applicant ever been convicted of a misdemeanor or felony? Yes No If yes explain _____

I Certify that I was referred to this community by: _____

Applicant has submitted the sum of \$ _____ which is a non-refundable payment for a credit check and procession charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing application as furnished by the applicant; any false information will constitute grounds for rejection of application. I agree to pay the holding fee of \$ 99.00, which will be refunded to me in full if this application, is not approved and accepted. Once approved, if I fail to take possession of the apartment, the holding fee will be forfeited. Upon acceptance and approval of this application, I agree to execute a lease agreement before possession is delivered and to pay the security deposit and other move-in costs. I certify that the facts set forth in this application for rental are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this application is grounds for rejection by the rental manager. It is understood that the Application is a part of the Lease and Resident hereby affirms that the statements and information contained in the Application are true and correct and that the Resident's authority to the Landlord to obtain credit information through the use of a Credit Reporting Agency, including, but not limited to the obtaining of a Consumer Credit Report on the Resident is a continuing right agreed upon by the Resident, including, but not limited to credit verification skip tracing, or the collection of any delinquent accounts which the Resident may maintain with the Landlord. The nature and scope of the investigation requested may include information obtained through personal interviews concerning residence verification, number of occupants, employment, occupation, habits reputation and mode of living. I agree to submit to Lessor a valid photo identification (such as a state driver's license, state i.d., or passport) which will be photocopied and made a part of the application.

Applicant Signature Date

Co-Applicant Signature Date

Southfield Apartments
5549 Southfield Drive
St. Louis, Mo 63129
Phone: 314-487-0255
Fax: 314-487-0961

www.southfieldapartment.com
Southfield@sansongroup.com –Leasing
JRichard@sansongroup.com –Assistant Manager
CPartney@sansongroup.com –Property Manager



Southfield Apartments Application for Rental

EMPLOYMENT VERIFICATION

Applicants must provide one month's proof of income.

Employee name: _____ Employer: _____

Address: _____
Street City State Zip

Fax: _____ Date Faxed: _____

I hereby authorize the release of the requested information to Southfield Apartments.

Applicant Signature

Date

Thank you in Advance for your cooperation and time.
~Southfield Apartments

This portion to be filled out by applicant's employer

The above individual has applied for an apartment with Southfield Apartments and given their permission for you to release the following information. a self-addressed, stamped envelope has been enclosed for your convenience.

Is the applicant presently employed with your company? _____ Position: _____

Length of employment: _____ Present Annual Income: _____ Is the position permanent? _____

If Temporary, length of expected employment: _____

Employer's Signature

Date

Employer's Title

Contact number

Phone: 314-487-0255
Fax: 314-487-0961

Southfield@sansonegroup.com –Leasing
JRichard@sansonegroup.com –Assistant Manager
CPartney@sansonegroup.com –Property Manager



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Employer's Signature

Date

Employer's Title

Contact number

Phone: 314-487-0255

Fax: 314-487-0961

Southfield@sansonegroup.com –Leasing
JRichard@sansonegroup.com –Assistant Manager
CPartney@sansonegroup.com –Property Manager



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RENTAL VERIFICATION

Fax: _____ Date Faxed: _____

Property: _____ Phone number: _____

The Following applicant (s) had applied for residency at Southfield Apartments. Please verify the requested rental information and fax back to us as soon as possible. We greatly appreciate your time and assistance.

Name of applicant: _____ Current address: _____

Applicant hereby authorizes verification of any and all information set forth in the Application for Rental including release of information by landlord (past or present).

Applicant signature: _____ **Date:** _____

Applicant signature: _____ **Date:** _____

This form was sent by Southfield Representative: _____

We thank you for taking the time for completing this form. Please Fax back to 314-487-0961. Your quick response is greatly appreciated

Dates of Residency: From _____ to _____ Rent amount \$ _____ Was rent paid as agreed: _____

Number of late payments: _____ Number of time paid past 30 days: _____

Has account ever been sent to the attorney for rent & possession: _____

Any NSF Checks? _____ If so how many? _____

Does This resident have a pet? _____ Has this resident given your property notice to vacate per their lease? _____

Have you received any noise complaints on this resident: _____ Is this resident eligible for renewal? _____

If you have received any complaints, please give a brief description of those complaints: _____

Verified by: _____ Date: _____ Title: _____

Phone: 314-487-0255

Fax: 314-487-0961

Southfield@sansonegroup.com –Leasing
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CPartney@sansonegroup.com –Property Manager



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OCCUPANCY

Upon approval of your Application for Residency, St. Louis County will require a **ONE TIME** Re-Occupancy Inspection. **The cost of this inspection is \$40.00.** Southfield Apartments will schedule this inspection, however, we do require a **MONEY ORDER** in order to schedule the inspection. We cannot accept a personal check for this payment. Once your application has been approved, we will call you and notify you of any additional deposits (if required) and your final move in costs. At that time, you will be asked to provide a \$40 money order for your Re-Occupancy Inspection within 1 business day.

You are welcome to submit the money order with your application and we will keep it in your file. Once your application is approved, we will schedule your Re-Occupancy inspection through St. Louis County. However, refunds on money orders vary from merchant to merchant. We **DO NOT** guarantee you will be able to get a refund from the merchant on the money order in the event your application is denied.

Please note, should you cancel your application after your inspection has been scheduled, the \$40.00 fee is NON-REFUNDABLE.

By signing below, you agree that you have read Southfield Apartments policy/ procedure for St. louis County RE-Occupancy Permits.

Applicant Signature

Date

Applicant Signature

Date

RENTAL INSURANCE

Rental Insurance is highly recommended for the term of your lease as Southfield is not liable for any loss or damages to personal property. May a rep from State Farm reach out to you? Yes No

Phone: 314-487-0255

Fax: 314-487-0961

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